

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 19 1934 6

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County BartonRegistration District No. 1008Township NewportPrimary Registration District No. 5057

City \_\_\_\_\_ (No. \_\_\_\_\_)

File No. 23133Registered No. 5

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mildred Finney

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

## 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 28-1928

## 7. AGE

YEARS 6MONTHS 3DAYS 24

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

## OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_

11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wyoming13. NAME S. W. Finney14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lade Co, Mo15. MAIDEN NAME Hazel Bailey16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa17. INFORMANT S. W. Finney(ADDRESS) Lockwood, Mo. R. 7018. BURIAL, CREMATION, OR REMOVAL Bethelham Co. Mo.DATE 7-23-3419. UNDERTAKER E. D. Phillips(ADDRESS) Golden City, Mo.20. FILED July 25, 1934J. W. Wise  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22, 1934

## 22. I HEREBY CERTIFY, That \_\_\_\_\_ attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:

Drowning-AccidentalDate of onset 183Other contributory causes of importance: 162

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

## 23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 7-22, 1934Where did injury occur? Barton Co.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Creek while swimming

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

## 24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) G. F. Monahan-Coroner(Address) Lamar, Mo.

100-200